

AYOLA ADEKILE, M.D.  
 MARCELLUS ASSIAGO, M.D.  
 MARVIN J. BERNSTEIN, M.D.  
 ADIN BOLDUR, M.D.  
 VENUGOPAL BOTLA, M.D.  
 JAY K. CHU, M.D.  
 JOHN HAVILL, M.D.  
 GAURAV JAIN, M.D.  
 BINDU KHANNA, M.D.  
 LARRY M. LEHRNER, M.D.  
 MARC LEISEROWITZ, M.D.  
 THOMAS LIM, M.D.  
 ROBERT W. MERRELL, M.D.  
 SEYEDQUMARS MIRFENDERESKI, M.D.  
 DEEPAK NANDIKANTI, M.D.  
 CHIDI OKAFOR, M.D.  
 NEVILLE POKROY, M.D.  
 RAJEEV PRASAD, M.D.  
 RAO PRASAD, M.D.



**KIDNEY SPECIALISTS  
OF SOUTHERN NEVADA**

RIZWAN QAZI, M.D.  
 RAMCHAND RANAI, M.D.  
 CRISTY ROBERTSON, M.D.  
 ZVI SELA, M.D.  
 SYED SHAH, M.D.  
 VIPUL SHAH, M.D.  
 RAJ P. SINGH, M.D.  
 NAUMAN TAHIR, M.D.  
 VIVEK VEERAPANENI, M.D.  
 MARK VISHNEPOLSKY, M.D.  
 VINCENT YANG, M.D.  
 ZVIA BEN-REY, APRN  
 KIRA CAMPOS, APRN  
 NATHAN HUGG, APRN  
 ROSE JUSAYAN, APRN  
 LOURDES MENDOZA, APRN  
 MARILOU REYES, APRN  
 VALERIE CHANG, PA-C

I, \_\_\_\_\_, give authorization  
(Print Name)

to Kidney Specialists of Southern Nevada to obtain my picture to be kept on  
 file within their Electronic Medical Records system for the purposes of in  
 assistance preventing insurance fraud.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

Please list all of your current pharmacies with Addresses and/or Phone Numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_